

Family Education Sheet

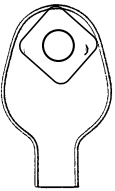
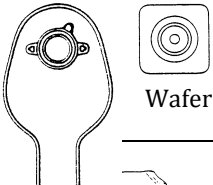
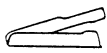
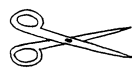

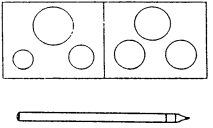




Home Care Instructions for Changing an Ostomy Pouch (Bag or Appliance) Call Kris Avery, RND 206-245-6997 for clarification or if you have questions about Ostomy Care.

An ostomy is a surgically created opening in the intestine (bowel). This opening is also called a stoma (please read "[Ostomies: A Patient Guide to Ileostomies and Colostomies](#)").

You/your child will be going home wearing an ostomy pouch. A pouch is put over the stoma to collect stool ("poop") or urine. Your nurse will teach you how to change your ostomy pouch, care for your stoma and tell you what supplies you will need. Be prepared and organize supplies before removing old pouch.

Supplies

One Piece System: Pouch and wafer are made in one piece.		OR	Two Piece System: Pouch and Wafer are separate. Each one has a plastic ring that "click" together, similar to closing a Tupperware® container.	
				
Pouch Clip (not needed for urostomy pouch)		Scissors	Towel	
				
Measuring Card & Pen		Stomahesive Powder®: used to dry and protect raw, wet open skin.	Skin Barrier Wipes: forms protective film on skin.	
				

Stomahesive Paste®:

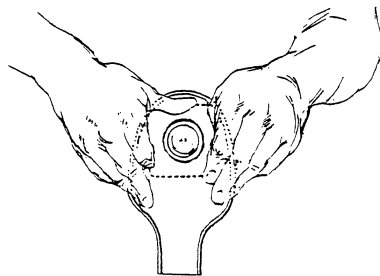
used like caulking to prevent leaking, for example:
Whenever there is a watery stool ("poop"),
To fill in bumpy, uneven skin surfaces so that there is
a no gap between the skin and the wafer
Or around flat, skin level stomas.

**OR****Eakin® Seal:**

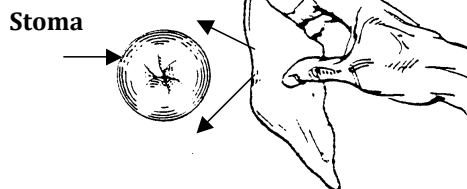
donut shaped, sticky, gum-like
material used to mold around
the stoma if skin
is red or open.

**Instructions**

1. With one hand supporting the skin and the other hand lifting the wafer, gently remove the wafer from the skin. **Adhesive remover** pads may be helpful to lift wafer off of skin. **Many contain alcohol** and may be irritating to skin. Make sure to clean skin with soap and water to completely clean off skin.



2. **Wash the skin around your stoma with warm water using a washcloth or soft paper towel.** A small amount of bleeding from the stoma is normal when washing the skin.



3. **Look at the stoma.**
The color should be pink or

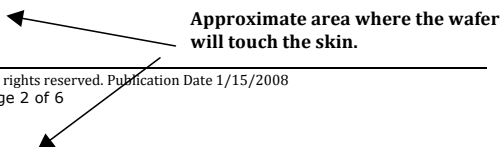
Wash around the stoma

red.

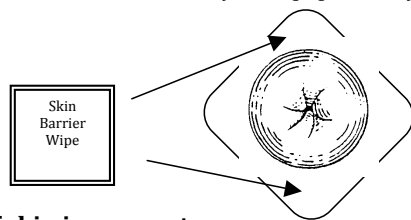
Note:

If the color is blue, purple, or black this may be considered a medical emergency. Call the page operator immediately at 617-355-6363 and ask for the Surgical Resident On-Call.

4. **Look at your skin around the stoma.**
 - If there is no irritation, wipe the skin around the stoma where the wafer will touch the skin with the barrier wipe. It leaves a protective layer on the skin. Skip to step 5.

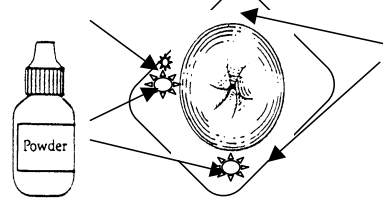


Approximate area where the wafer
will touch the skin.



- If skin is raw, wet or **open**, Sprinkle Stomahesive Powder™ only on the wet, open skin. This will help the skin heal.

Raw, wet open, skin

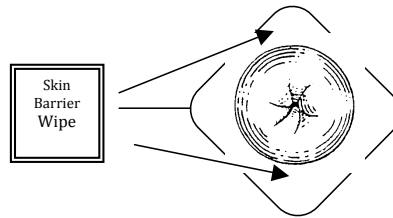


Approximate area where the wafer will touch the skin.

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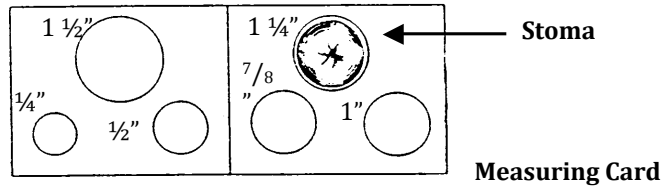
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- Then **"lightly pat"** the barrier wipe over the powder to form a protective film and "seal" it. Also wipe the skin around the stoma where the wafer will touch the skin. Let the area dry for 1-2 minutes.



5. Measure the stoma with the measuring card.

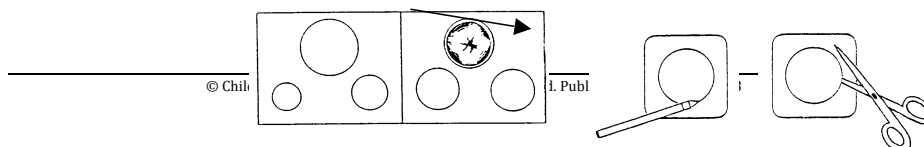
To do this, find the circle size on the card that fits closest to the stoma without touching it. The stoma may change size or shape during the first 3-4 weeks after surgery as the swelling goes down.



6. Trace the chosen circle onto the back of the paper on the wafer.

7. Cut the wafer to this circle size.

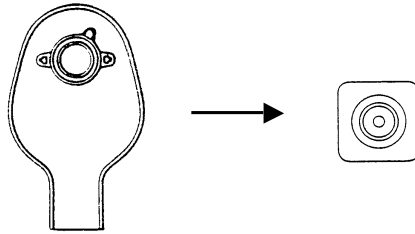
Trace circle onto back of

Cut out circle from
back of wafer

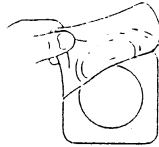
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8. If you have a *two piece* system, attach the pouch to the plastic ring on the wafer.

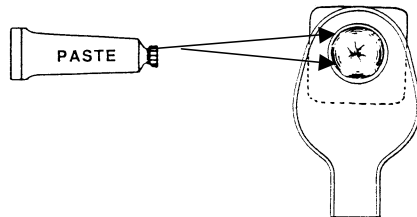


9. Peel the paper off of the back of the wafer.



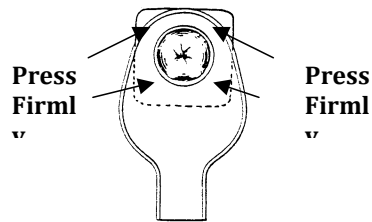
10. Put stomahesive paste around the opening on the sticky side of the wafer.

- Squeeze stomahesive paste around the hole on the wafer, the same thickness that you would squeeze toothpaste onto a toothbrush.



- If skin around the stoma becomes red or open, you may need to stop using Stomahesive Paste® and use an Eakin Seal® a soft, flexible pectin ring. Mold the Eakin Seal® on the skin around the stoma.

11. **Center the pouch around the stoma and place it onto the skin.** Firmly press the wafer to the skin near the stoma and hold for 3-4 minutes so that the wafer sticks to the skin. A warm facecloth held over stomas may also help wafer to adhere better to the skin.



12. Place cotton balls (or absorbent gel packets, i.e. ParSorb® at home) if using for watery stool in pouch to avoid it leaking under wafer.
13. Place pouch clip on the end of the pouch. Note: Some pouches have "Velcro-like" closure at bottom of pouch.
14. Wash your hands.



When should I empty my pouch?

Empty your pouch when it is 1/3 full, at least 3-5 times a day. If a pouch gets too full, it gets heavy and may leak.

When should I change my ostomy pouch?

- If there is a leak under the wafer, or
- Every 2 to 4 days as instructed by your nurse.

What supplies are needed at home?

- There are a number of ostomy supply companies. Usually ostomy supplies can be delivered directly to your home.
- A nurse from Children's Hospital will contact one of these supply companies to order what you need. Which company is used usually depends on your health insurance plan.
- After the first delivery, you can contact the company directly for additional orders. Be sure to plan ahead so you do not run out of supplies.
- A nurse from Children's will arrange for a Visiting Nurse to come to your home. The Visiting Nurse will help you and answer any questions you may have.
- A follow-up visit with your/your child's doctor is very important. The nurse will help to schedule this before going home.
- Always carry an extra pouch with you in case the pouch needs to be removed during medical exam procedure or the pouch leaks.

When to call your Doctor or Nurse

Call if:

- any questions or concerns
- a fever higher than 101°F or “feeling very hot”
- vomiting
- sleepiness
- irritability
- bloated belly or abdominal (belly) pain
- very little or no stool from the stoma for more than 4 hours,
- a large increase in the amount of stool from the stoma
- diarrhea that is foul-smelling or bloody
- inability to eat or drink
- any questions or concerns
- color of the stoma is blue, purple or black
- rash, redness or irritation of the skin around the stoma which does not improve in 2-3 days.
- If you have bleeding from the stoma, firmly hold a cool, wet cloth over the area. If it does not stop in 5 minutes, call your doctor.

A [*Spanish*](#) version of this is available from your provider

Send comments or questions to: Familyed@childrens.harvard.edu
